

PTO/SB/81 (04-05)  
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and  
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INDICATION FORM**

Application Number	10/079,395
Filing Date	2/19/2002
First Named Inventor	Catherine Lin-Hendel
Title	Interactive/Active Electronic ...
Art Unit	2611
Examiner Name	GRANT, CHRISTOPHER C
Attorney Docket Number	LH 008

I hereby revoke all previous powers of attorney given in the above-identified application.

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35070

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Catherine Lin-Hendel</i>	Date	12/14/05
Name	Catherine Lin-Hendel	Telephone	408-354-6273
Title and Company			

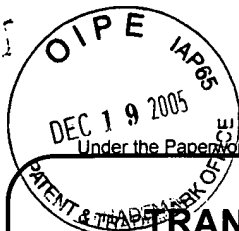
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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2611 *Im*



PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/079,395	
	Filing Date	2/19/2002	
	First Named Inventor	Catherine Lin-Hendel	
	Art Unit	2611	
	Examiner Name	Grant, Christopher C.	
Total Number of Pages in This Submission	2	Attorney Docket Number	LH 008

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgement postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Anatoly S. Weiser, Esq.		
Signature	<i>Anatoly S. Weiser</i>		
Printed name	Anatoly S. Weiser		
Date	12/15/2005	Reg. No.	43,229

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Anatoly S. Weiser</i>		
Typed or printed name	Anatoly S. Weiser	Date	12/15/2005

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